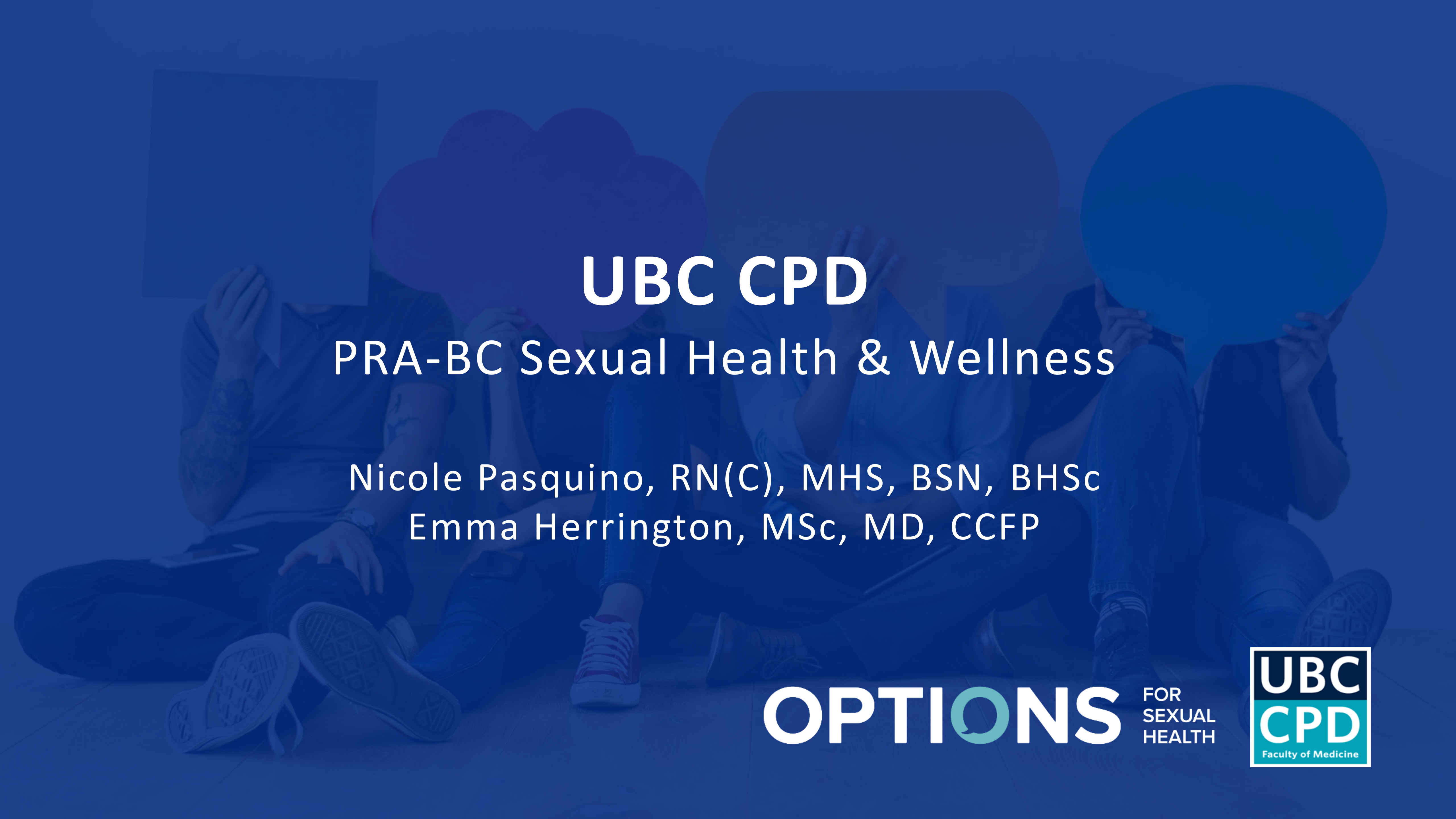




UBC CPD

PRA-BC Sexual Health & Wellness

Nicole Pasquino, RN(C), MHS, BSN, BHSc
Emma Herrington, MSc, MD, CCFP

OPTIONS FOR
SEXUAL
HEALTH



We gratefully acknowledge that this work takes place on the unceded ancestral homelands of the x^wməθk^wəyəm, Skxwú7mesh and səlilwətaʔt peoples.

We stand in solidarity with these Nations and are committed to the decolonization of our practice.



It is the role of all health care providers to ensure that the care they deliver is responsive to the needs of their patients. For Indigenous patients, this includes being considerate of the ways that colonization and racism have shaped their relationship with the health care system.

It's important to take time to understand and reflect on the ways we may need to evolve and adapt our own practice in order to create a welcoming, inclusive and affirming care experience for Indigenous patients and their families.

Learn more about Indigenous peoples and tools that you can use for effective communication and relationship building through the San'yas Core Indigenous Cultural Safety Health Training - www.sanyas.ca/training/british-columbia/core-ics-health

Disclosures

Affiliations, financial or otherwise, with a pharmaceutical, medical device, or communications organization that may have a direct or indirect connection with the content of this module.

Nicole Pasquino	Relationships with commercial interests: None to declare Other relationships: Options for Sexual Health Disclosure: Options is a not-for-profit health care organization and contracted service provider to the BC Provincial Health Services Authority (PHSA). Options generates a very small amount of revenue from sales of a limited formulary of contraceptives at affordable prices and without dispensing fees. Mitigating potential biases: Modules/presentation/discussions include: • current evidence-based STI treatment guidelines and practices in BC • contraceptive options available in BC, with focus on evidence for effectiveness • evidence-based off label uses will be identified when discussed.
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Disclosures

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Blanka Jurenka

Relationships with commercial interests: None to declare

Learning Outcomes

By the end of these modules, participants will be able to:

- Discuss legislation, standards and guidelines relevant to patient rights and physician practice in BC
- Differentiate biological sex, sexual orientation and gender identities
- Appraise how language and values influence care provided and received
- Review sexual health history
- Contrast diagnostic vs. screening approaches
- Identify sample collection methods and perform appropriate testing
- Identify contraceptive pharmaceuticals and devices available in BC
- Discuss frequently asked clinical questions

Unit 1: Introduction

General Reminder

To create a safe space, we:

- all retain rights to our own beliefs, values, and opinions; these may differ from others, and that is OK
- acknowledge that we all come from different cultures, backgrounds, experiences – and these inform and influence who we are, our knowledge and beliefs, and our values.
- presume goodwill; we are, after all, wanting the best for ourselves, our families, our colleagues and our patients.
- are responsible for our own learning

Values

Today is not about changing your personal values regarding sex and sexuality.

Invitation:

- Identify, clarify and evaluate your values
- Assess if they continue to serve you (and your patients) well.

Unit 1 – Self-Reflection

Think about the following:

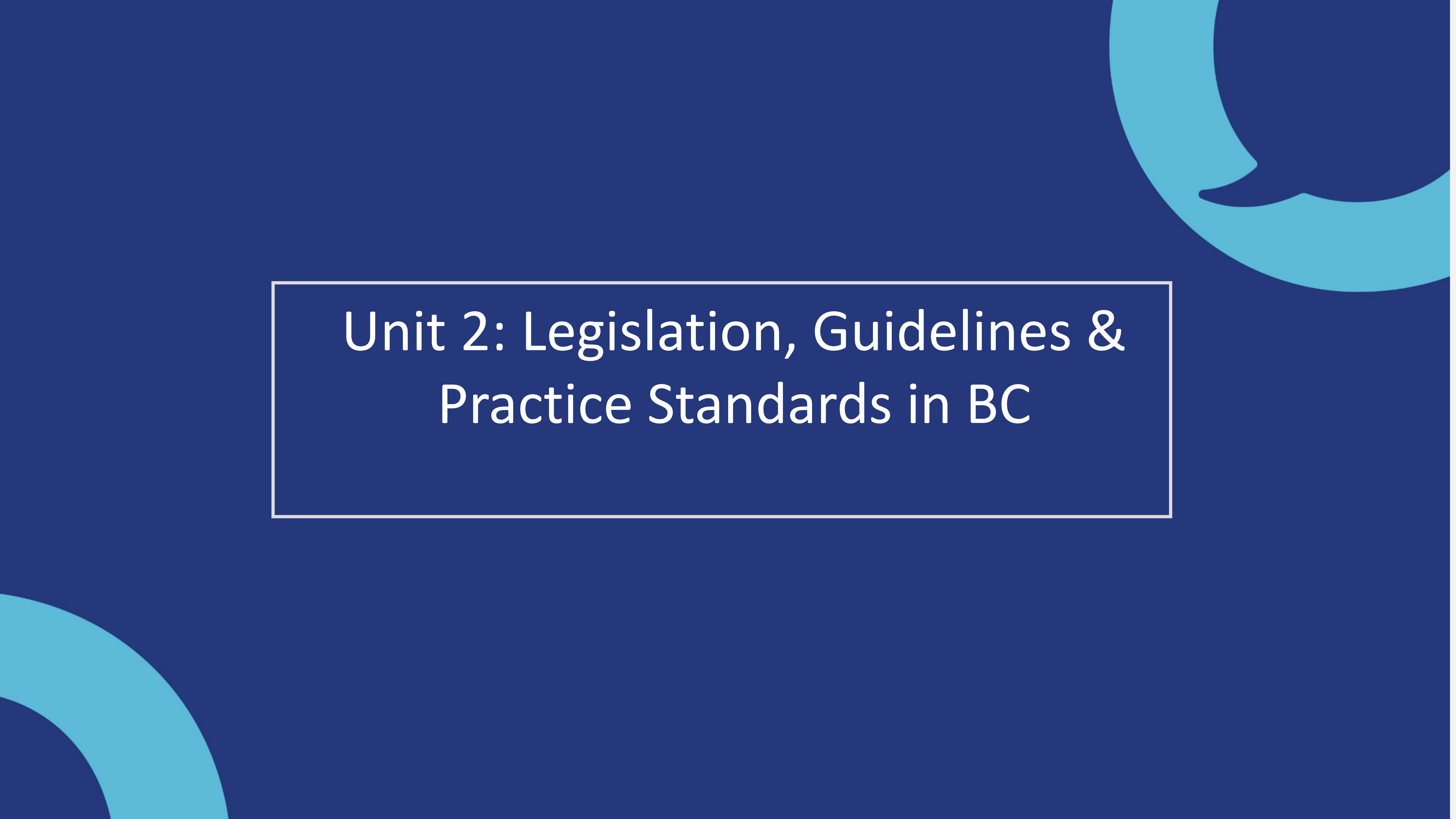
- How did you learn about sex (and sexuality)?
- Does how you learned serve you well?
- How does it influence you now?
- If there are children in your life, would you want them to learn about sex (and/or sexuality) as you did? If not, how would you like them to learn?



Sex-positivity

“Sex-positivity is the view that the only relevant measure of a sexual act, practice, or experience is the **consent, pleasure, and well-being** of the people engaged in it or the people affected by it. In my experience, this is a much more useful way of exploring sexuality because it helps us see past our own triggers and squicks, set aside our judgments, and make room for the diversity of human sexuality.”

Charlie Glickman, PhD



Unit 2: Legislation, Guidelines & Practice Standards in BC

Unit 2

Case Study Walk Through: Melody



Melody & Dr. Patel

- Melody goes to see Dr. Patel, who has never seen her before without one of her parents accompanying.
- She is late for her appointment, and a little breathless on account of having had to leave soccer practice early for the appointment.
- She recently turned 12 years old, appears physically mature, is soft spoken and seems quite anxious – avoiding all eye contact.
- Melody asks Dr. Patel for birth control.

Which of the following is the most appropriate response by Dr. Patel?

- a) Discuss confidentiality, needs, benefits, risks of various contraceptive options and assess Melody's capacity to understand.
- b) Explain that a physician in BC is not able to provide a prescription to a young minor without parents' consent.
- c) Take a sexual health history
- d) A, B & C
- e) A & C only

Melody & Dr. Patel

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Infants Act

Section 17 of the Infants Act addresses consent for medical treatment of people < 19 years of age.

All people under 19 years are termed “infant”; however, "mature minors" can consent to care.

A mature minor is a child under the age of 19 who is considered capable of giving consent, as determined by three criteria:

- ✓ The child understands the nature of treatment and possible risks
- ✓ The child has the capacity to give consent either verbally or by gesture
- ✓ The care is in the child's best interest.

CMA Code of Ethics

If you haven't read this already, add it to your “to do” list.

Melody & Dr. Patel

Dr. Patel takes a sexual health history.

- Melody has had vaginal intercourse with more than one person
- She thinks one of her partners may have had other partners
- She has no symptoms

She seems reluctant to tell Dr. Patel much more. Then, she starts to cry.

It would be reasonable if Dr. Patel:

- a) Acknowledges that these are personal questions asked of all patients, regardless of age, gender or sexual orientation. Although they are very personal topics, they are important for her overall health and wellbeing.
- b) Defers STI testing because there is no chaperone available today for Melody's examination
- c) Puts an arm around Melody to console her until she stops crying
- d) A & B only
- e) A, B & C

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Physical Examinations & Boundaries

Physical Examinations and Procedures

Always obtain patient consent before proceeding with [any] physical examination or procedure, which includes clearly explaining the rationale for the physical examination or procedure and what it will involve

Offer option for chaperone (irrespective of gender).

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Boundary Violations in the Patient-Physician Relationship

Clear professional boundaries ensure the protection of both patients and physicians.

Boundaries include but are not limited to sexual

Melody & Dr. Patel

After Melody has stopped crying, with a little prompting she tells Dr. Patel more:

- Her boyfriend will be 14 years old this week.
- They *always always always* use condoms.
- She isn't totally sure when her last menstrual period (LMP) was. It was "a while ago". But her periods are not regular, and she sometimes only bleeds every few months.

Dr. Patel's care would now best include:

- a) Calling a Ministry of Child and Family Services (MCFD) Social Worker because Melody is under 16 years old, Canada's age of consent
- b) Recommending a urine pregnancy test and either vaginal self-collected sample or first void urine sample for Chlamydia/Gonorrhea Nucleic Acid Amplification Test (CT/GC NAAT)
- c) Discussing contraceptive options
- d) B & C only
- e) A, B & C

Melody & Dr. Patel

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- Discussing contraceptive options
- B & C only**
- A, B & C

Age of Consent

Consent implies the ability to understand and agree to an activity.

Bill C-2, Tackling Violent Crime Act, defines age of consent for non-exploitative sexual activity as 16 years. There are exceptions to the age of consent:

- Youth aged 14-15 can consent to sex with people who are no more than 5 years older
- Youth aged 12-13 can consent to sexual activity with people who are no more than 2 years older
- It is illegal for a child < 12 yrs to engage in sexual activity
- For youth under 18 years, consent to sexual activity with someone who is in a position of power such as a teacher, coach or babysitter is never considered consensual.

Melody & Dr. Patel

- The pregnancy test is positive.
- Melody is frantic. "F*ck! What do I do!? I have to get rid of it. How do I do that? You can't tell my parents. Please!" She starts to sob.
- Dr. Patel is now feeling very uncomfortable, in part because of their own personal values and convictions against abortion. Also, as a parent, Dr. Patel would want to know if their own young daughter was pregnant.

How should Dr. Patel proceed?

- a) Say, "I will arrange for another colleague to refer you because termination of a pregnancy conflicts with my own beliefs and convictions."
- b) Offer patient-centred pregnancy information resource that includes all options - parenting, adoption and abortion. For example, Options for Sexual Health website &/or phone advice line (1-800-SEX-SENSE).
- c) Explain that in this kind of medical situation where a doctor can no longer maintain confidentiality and her parent(s) will need be informed.
- d) B & C only
- e) A & B only

Melody & Dr. Patel

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- d) B & C only
- e) A & B only

Conscientious objection to providing care

CPSBC defines “Conscientious Objection to Providing Care”

- **if this topic applies to you**, we *strongly* recommend that you have a conversation with the CPSBC Registrar after reviewing relevant Standard

Intentions: to mitigate risk of complaint to the College against you and to provide best care for your patients.

Abortion

- Legal in Canada
- Does not require physician referral in many cases (e.g. patients can self-refer to abortion clinics or FP providers, though referrals are welcome).
- In rural areas, some providers will require referral for reasons of privacy and security.
- If a gynaecologist is the only clinician in town offering abortion services, then referral is usually required.
- Patients will present to any FP for advice relating to abortion, including what kind of abortion (medication or procedural).

Abortion Resources

Finding a Provider	Options Counselling	Support for Patients
1. SexSense (https://www.optionsforsexualhealth.org/facts/abortion/abortion-providers/) 2. Pregnancy Options Line, 1-888-875-3163 3. Choiceconnect.ca	Innovating Education abortion counselling resources: https://www.innovating-education.org/course/the-framework-counseling-for-patient-centered-abortion-care/	1. Exhale Pro-Voice: https://exhaleprovoice.org/ 2. Abortions welcome: https://abortionswelcome.org/ 3. MyPostCare: https://mypostcare.ca/



Melody & Dr. Patel

- Following a more systematic approach to taking a history, the doctor asks about other partners and types of sex.
- Melody has had vaginal, anal and oral sex with the best friend of her 18 year old brother.
- Dr. Patel asks, “Did you want to have sex with him?”
- Melody replies, “No, I totally feel pressured. He’s over at our house all the time... always grabbing at me when no one’s looking. Last night was the third time he’s made me do it.” She starts to cry again.

What are Dr. Patel’s next steps?

- a) Explain the law around consent, age of consent, sexual assault, legal duty to report, and who they will report to.
- b) Explore Melody’s perceptions of her family’s beliefs and values, and her safety at home.
- c) Call Child and Family Services while Melody is in the room and discuss this with the Social Worker.
- d) Arrange for an emergent ultrasound to determine dates.
- e) A, B, C & D

Melody & Dr. Patel

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- e) A, B, C & D

Age of Consent, cont'd

REMEMBER, all sexual activity without consent is a criminal offence... regardless of the victim's age!

Duty to Report & Reporting a Child in Need of Protection

See relevant CPSBC documents

Child, Family and Community Service Act: Child

Ensures the protection of the child. If a physician believes a child has been physically, sexually or emotionally abused or harmed or sexually exploited, then he/she has a duty to report.

Child, Family and Community Service Act defines “child” as a person less than 19 years of age (and “youth” as a person who is 16 years of age or over, but is under 19 years of age).

Balance safety, urgency and trust.

Remember: you may be the only person the child trusts and has confided in.

Melody & Dr. Patel

- A few days later, Melody's self-collected vaginal CT/GC NAAT comes back positive for Chlamydia.

What are Dr. Patel's next steps?

- a) Treat Melody with appropriate antibiotics.
- b) Discuss partner notification options with Melody.
- c) Get public health involved re contacting and treating the alleged abuser.
- d) Complete and submit to BCCDC the Confidential Notification of Sexually Transmitted Infection report (Health 208).
- e) A, B, C, D

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Public Health Act

The **Public Health Act** (PHA) identifies specific STI that are reportable by health care providers/laboratories to BC Medical Health Officers (MHO).

The PHA empowers the MHO to ensure there is adequate treatment and follow up

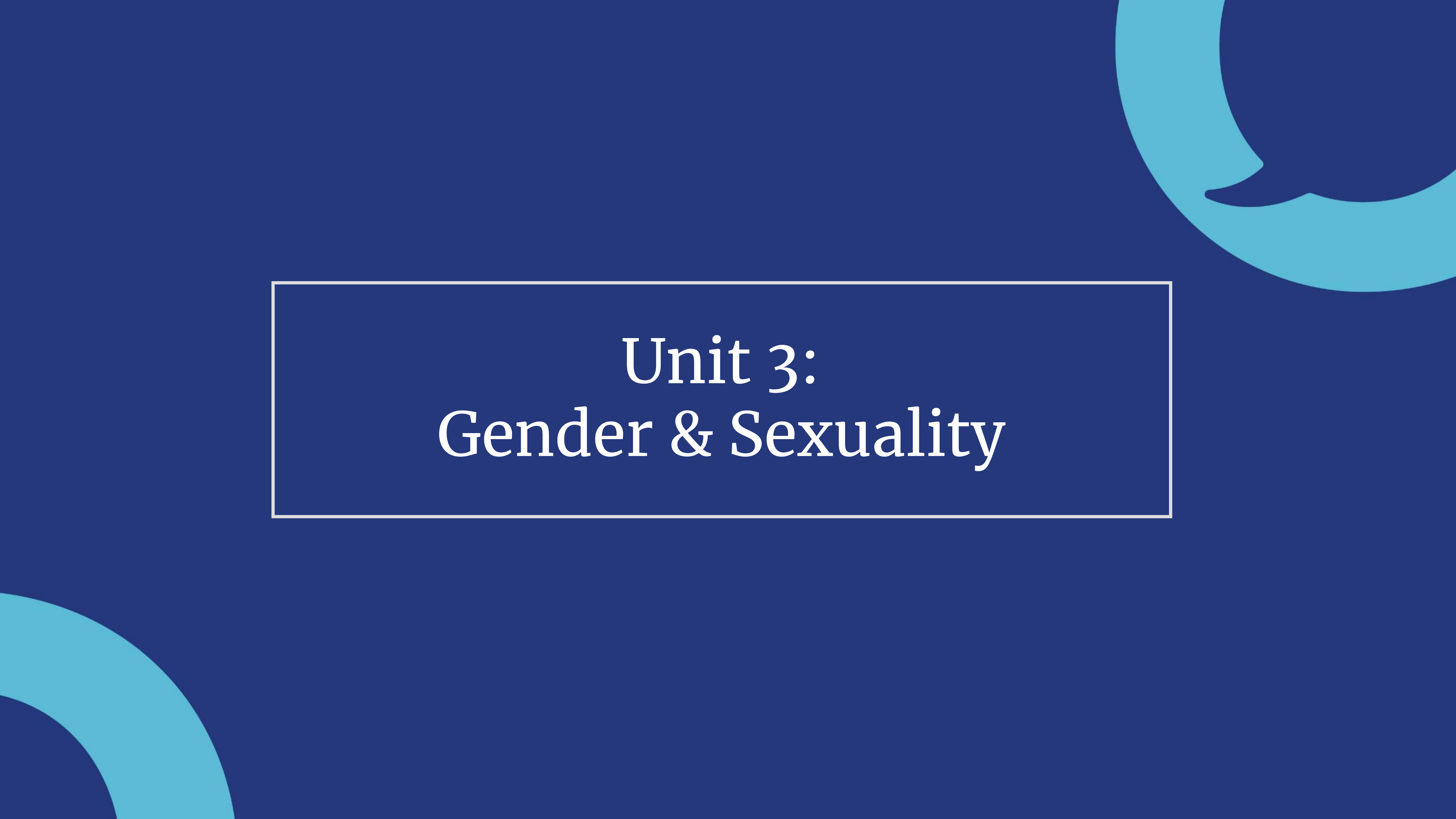
MHO power is used judiciously to protect the rights of an individual and ensure confidentiality

The PHA also stipulates the need for notification, treatment, screening and partner counselling.

In BC, partner notification and treatment may be performed by the physician or public health.

Reflecting on Unit 2

- Was there anything surprising to you about legislation, guidelines and practice standards in BC?
- What stood out for you?



Unit 3: Gender & Sexuality

All Patients are welcome!

- ✓ Display brochures and educational materials about LGBTQ2S+ health concerns.
- ✓ Visibly post a non-discrimination statement (PDF).
- ✓ Display posters from nonprofit LGBTQ2S +organizations.



Our physicians and staff support the American Medical Association nondiscrimination policy, in that:

This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex or gender identity.





TRANS CARE BC
Provincial Health Services Authority

March 2023

Gender-affirming Care
for Trans, Two-Spirit,
and Gender Diverse
Patients in BC:

A Primary Care
Toolkit

Suggestions for Primary Care Providers role in gender inclusive care (from TransCare BC)

- ✓ Provide an inclusive clinical environment where patients will feel safe talking about their gender/sexuality
- ✓ Respect your patient's right to self-determine their gender identity and sexual orientation
- ✓ Maintain a gender-affirming approach, including using chosen names and pronouns when interacting with, on behalf of, or when charting on your patient
- ✓ Be prepared to discuss gender and the range of gender-affirming health care options available
- ✓ Discuss current supports and plans for navigating transition in relationships, work or school settings and offer support and resources

Primary Care Providers role in gender inclusive care

- ✓ Assist patients to change their name and identification documents, if desired (see www.transcarebc.ca for more info)
- ✓ Be prepared to work with families, partners and significant others to nurture and sustain supportive relationships, especially when working with youth
- ✓ Work to stabilize any physical or mental health conditions to ensure they do not pose barriers to the patient accessing gender-affirming interventions such as hormones or surgery
- ✓ Seek to restore or build capacity, where it is diminished, to ensure it does not pose a barrier to patient's ability to provide informed consent

- ✓ Assist in facilitating hormone therapy, and with those seeking surgical interventions
- ✓ NEED Help?
 - Trans care BC is there to walk you through



Clinical Handbook

Clinical resources to help learners provide gender-affirming care to trans, Two-Spirit and non-binary people.

Learn more



Education Centre

Professional development courses and educational resources for clinicians and the community. Mainpro+ credits available.

Learn more



RACE & eCASE

Rapid access to consultative expertise on gender-affirming care. Local calls: 604-696-2131 Toll-free: 1-877-696-2131

Get RACEapp+



TRANS CARE BC
Provincial Health Services Authority

TRANS CARE BC

Our Services

We're a small team of health navigators, nurses, peers and support staff—with access to a doctor as needed.

We provide consultation, health navigation and care coordination services for gender-affirming health care across BC.



WE CAN HELP YOU:

- Find health & wellness resources
- Navigate the health care system
- Access health coordination for pre- & post-surgical care for surgeries taking place outside of BC.

WE SUPPORT:

- Youth, adults, children & families
- Caregivers, partners, teachers, friends
- Health care providers, social workers, counsellors & other service providers

WE WORK WITH SERVICE PROVIDERS TO:

- Promote best practices in gender-affirming client-centred care
- Provide clinical consultation & support
- Offer education opportunities to enhance trans health services across BC

CONTACT US

Call us toll-free at
1-866-999-1514
Monday – Friday

Email us at
transcareteam@phsa.ca

www.phsa.ca/transcare

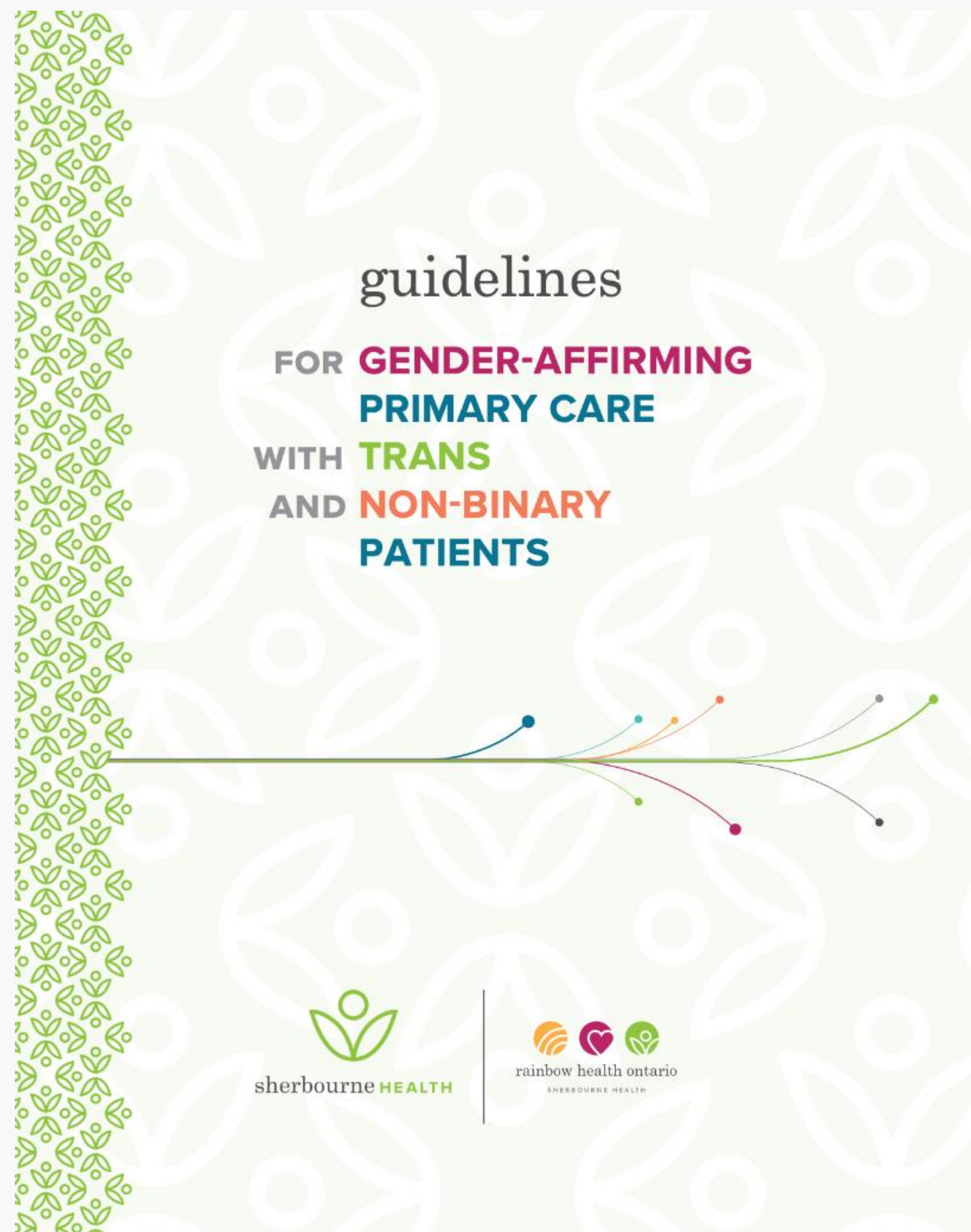
WE BELIEVE IN:

- Gender-affirming care, inclusive of non-binary identities
- Being accountable & transparent in our work
- Taking an anti-oppressive & trauma informed approach
- Being person-centered
- Being equitable & accessible
- Being collaborative

VISION

A British Columbia where people of all genders are able to access gender-affirming health care, and live, work and thrive in their communities.

Other helpful resources for providers



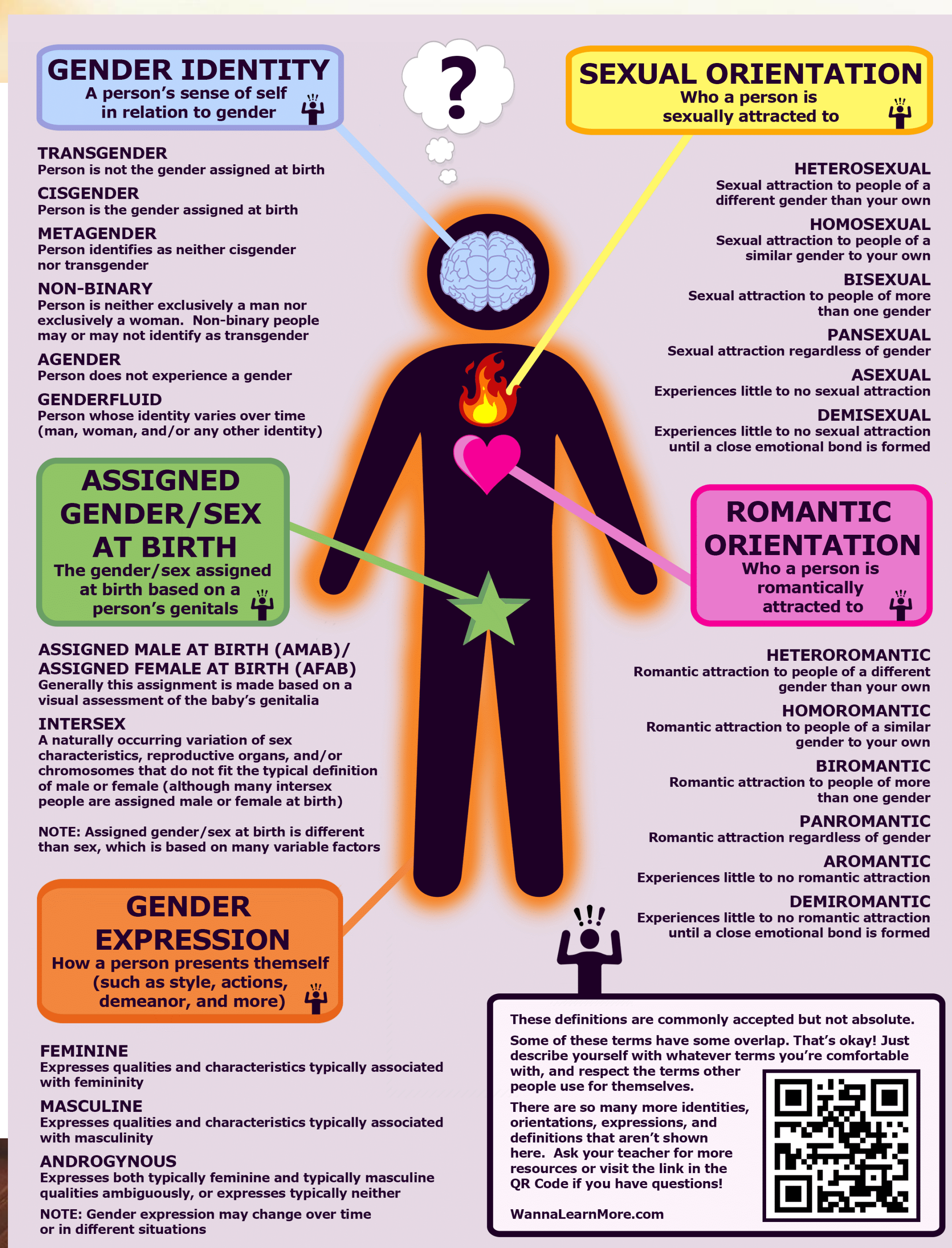
Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

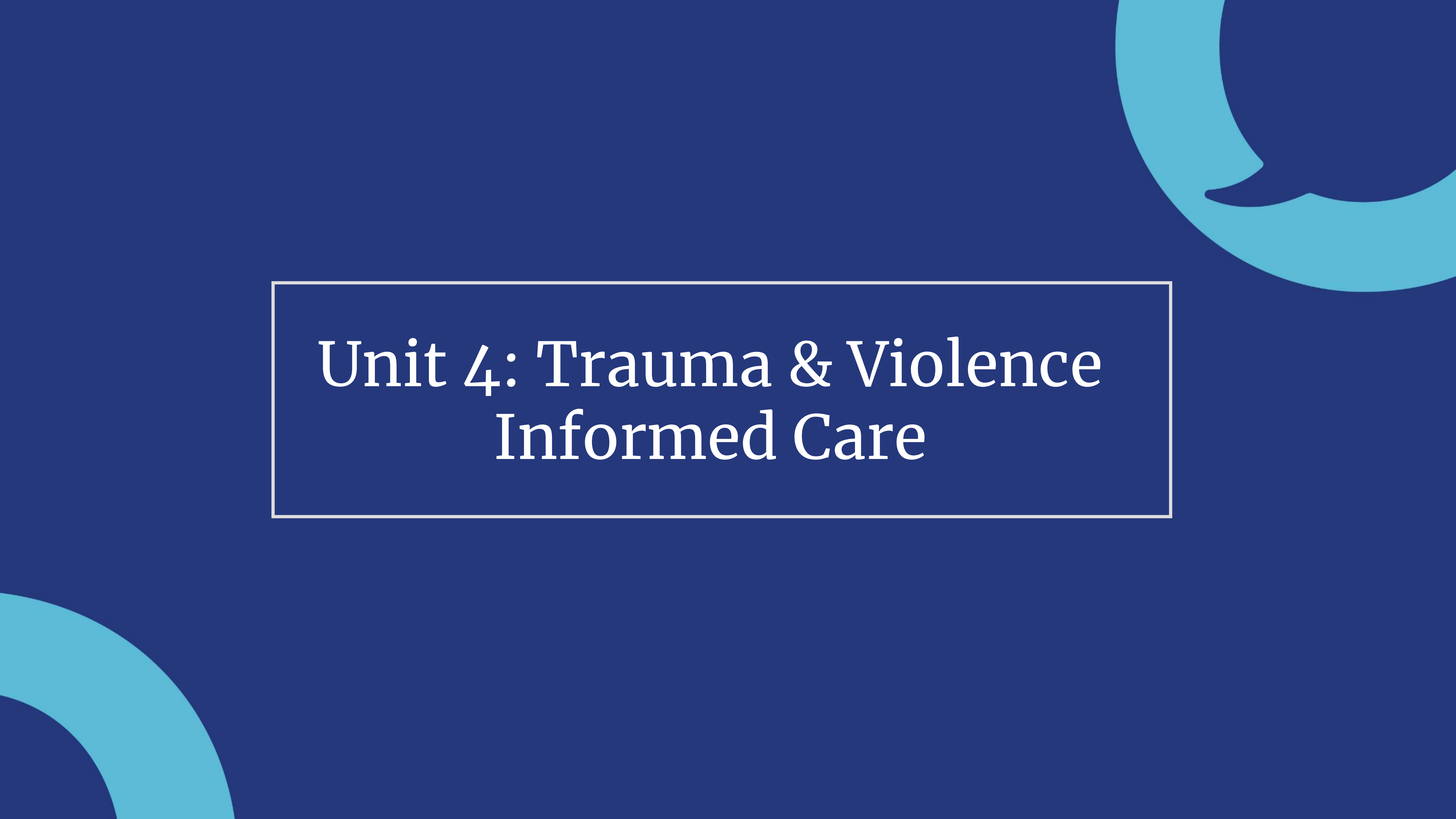
Center of Excellence for Transgender Health
Department of Family & Community Medicine
University of California, San Francisco
2nd Edition – Published June 17, 2016
Editor - Madeline B. Deutsch, MD, MPH



Reflecting on Unit 3

What is one thing that you learned that will change your practice?





Unit 4: Trauma & Violence Informed Care

Working toward a trauma-informed practice

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Examples may be

- Experiencing or observing physical, sexual, and emotional abuse;
- Childhood neglect;
- Having a family member with a mental health or substance use disorder;
- Experiencing or witnessing violence in the community or while serving in the military; and/or
- Poverty and systemic discrimination.

TIPS for creating a trauma-informed practice – in the office (organizational) and with your patients (clinical)

Organizational	Clinical
■ Leading and communicating about the transformation process ■ Engaging patients in organizational planning ■ Training clinical as well as non-clinical staff members ■ Creating a safe environment ■ Preventing secondary traumatic stress in staff ■ Hiring a trauma-informed workforce	■ Involving patients in the treatment process ■ Screening for trauma ■ Training staff in trauma-specific treatment approaches ■ Engaging referral sources and partnering organizations

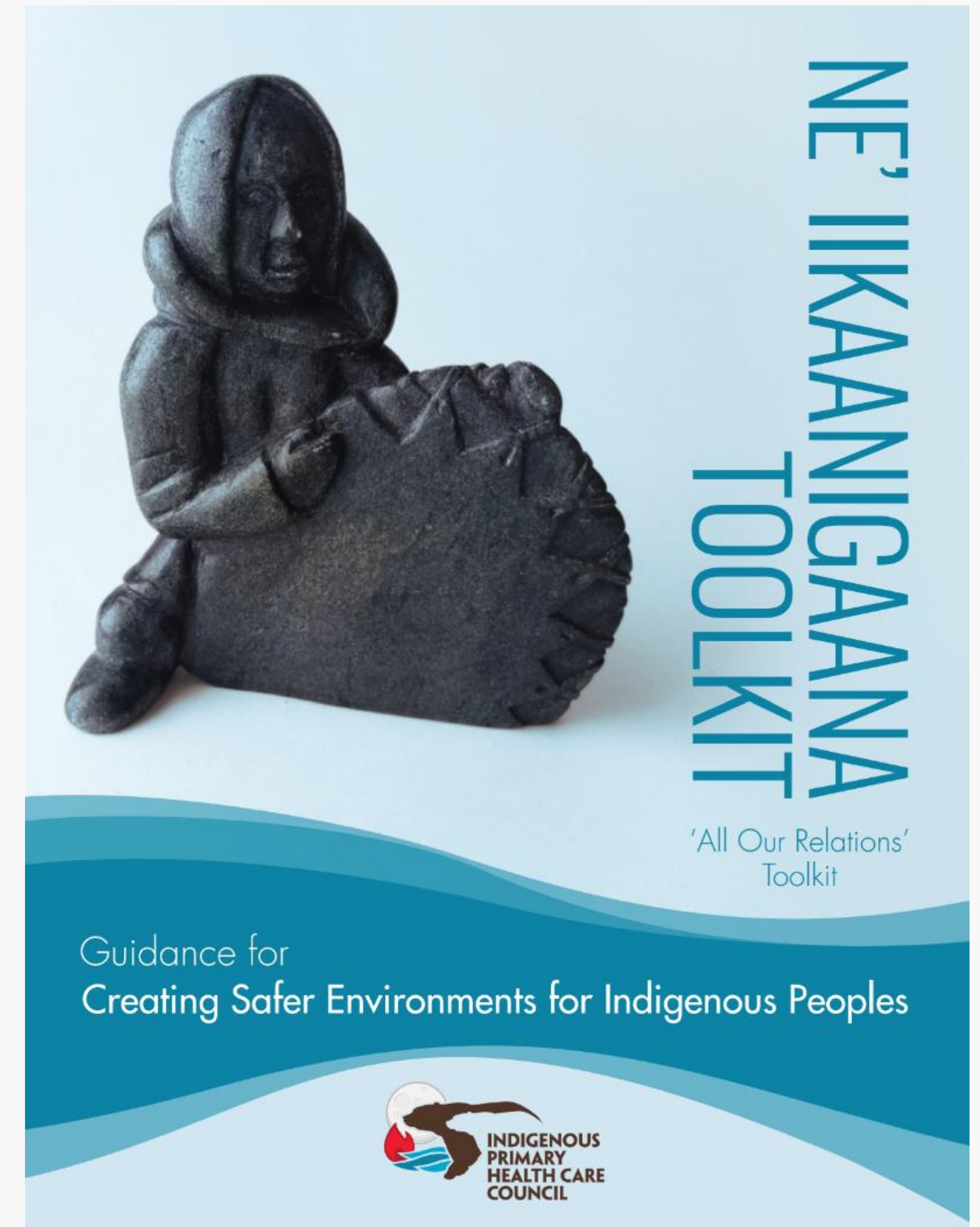
Creating a safe space for Indigenous Patients in Primary Care

San'yas Anti-Indigenous Racism Cultural Safety Training Program

- <https://sanyas.ca/courses/british-columbia>
- Self-paced course with topics covering colonization in Canada and taking action to strengthen Indigenous Cultural safety

Indigenous Primary Health Care Council Toolkit

- Helpful document covering community building and practical changes for your healthcare space



LANGUAGE MATTERS

a brief guide to trauma informed language during sensitive exams

The language we use when we interact with patients/clients may reinforce trauma, such as past experiences of physical assault, or can trigger trauma responses.

Consider your setting, your clinical encounter and your approach.

Changing just a few words may improve your patients experiences.

INSTEAD OF	TRY..	RATIONALE?
BED	TABLE	MAY TRIGGER TRAUMA
STIRRUPS	FOOT REST	MEDICALIZED LINGO
RELAX	TAKE A FEW DEEP BREATHS	MAY TRIGGER TRAUMA
OPEN YOUR LEGS, SPREAD YOUR LEGS	LET YOUR LEGS FALL TO THE SIDE	MAY TRIGGER TRAUMA
ARE YOU COMFORTABLE?	ARE YOU DOING OKAY?	MAY TRIGGER TRAUMA
'SCOOCH' DOWN	MOVE DOWN THE TABLE	COLLOQUIALISM/ INFANTILIZING
COVER/EXPOSE YOURSELF	RAISE/LOWER THE DRAPE	MAY TRIGGER TRAUMA
TOUCH/FEEL (I.E. I AM GOING TO TOUCH YOU HERE...)	EXAMINE, PALPATE	MAY TRIGGER TRAUMA

INSTEAD OF	TRY..	RATIONALE?
AWESOME, GREAT, PERFECT	OKAY, THANK YOU	VALUE JUDGEMENT
I'M 'JUST' GOING TO	IM GOING TO..	CAN BE MINIMIZING, BE DIRECT
POWER STATEMENTS, SUCH AS "I AM HERE TO GIVE YOU"...	YOU ARE HERE FOR...	DECREASES POWER DYNAMIC
I'M GOING TO GET YOU TO..	WOULD YOU PLEASE	DECREASES POWER DYNAMIC
IM GOING TO 'CLEAN' YOUR CERVIX	I'M GOING TO REMOVE THE MUCUS FROM YOUR CERVIX	VALUE JUDGEMENT
INSPECT/LOOK/INSERT	EXAMINE/ASSESS	MAY TRIGGER TRAUMA
SPREAD I.E. I'M GOING TO SPREAD YOUR LABIA	SEPARATE	MAY TRIGGER TRAUMA

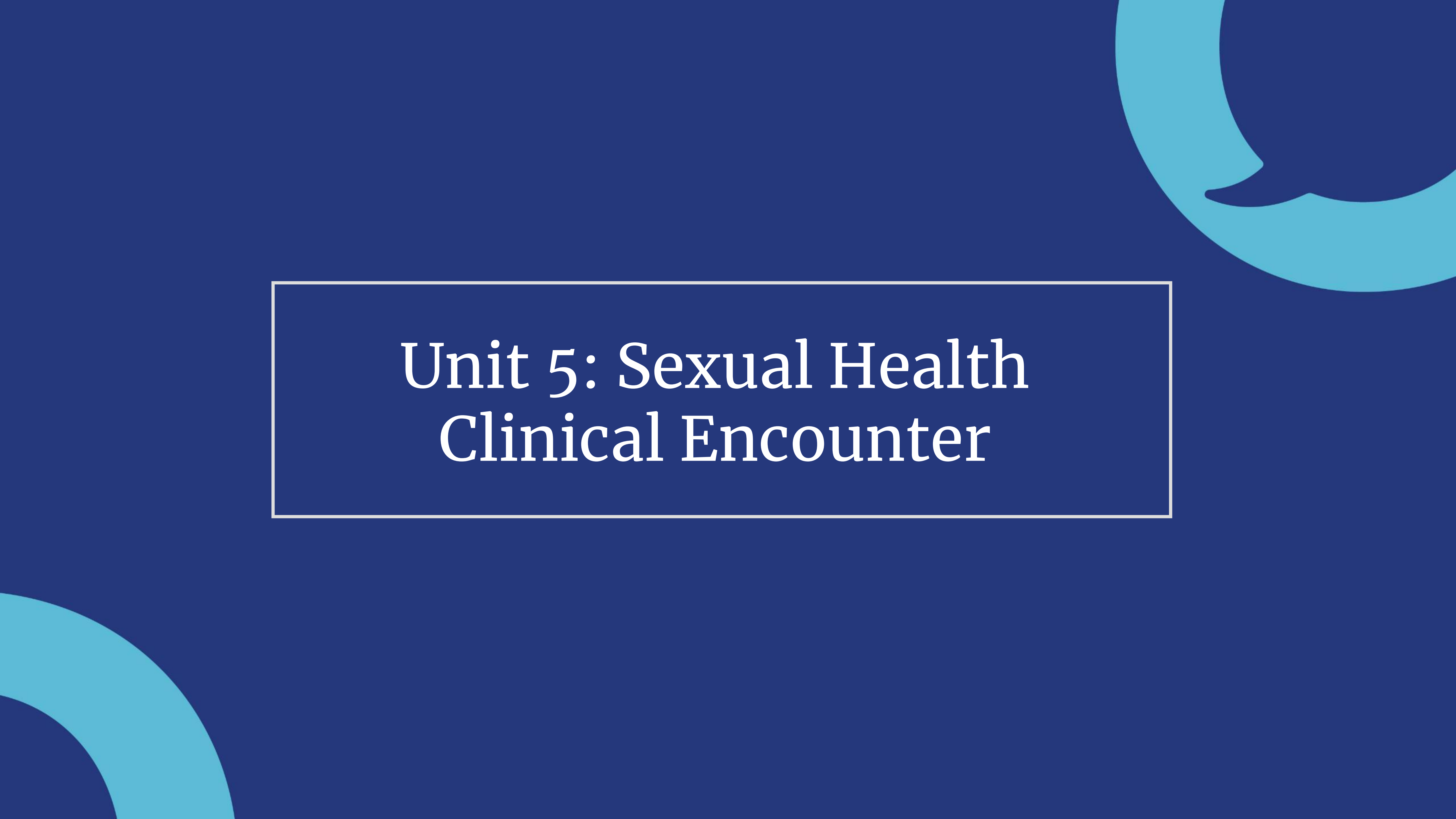
REMEMBER...

WE ARE ONLY HUMAN AND WILL MAKE MISTAKES WITH OUR LANGUAGE,
PLEASE AND THANK-YOU GO A LONG WAY!

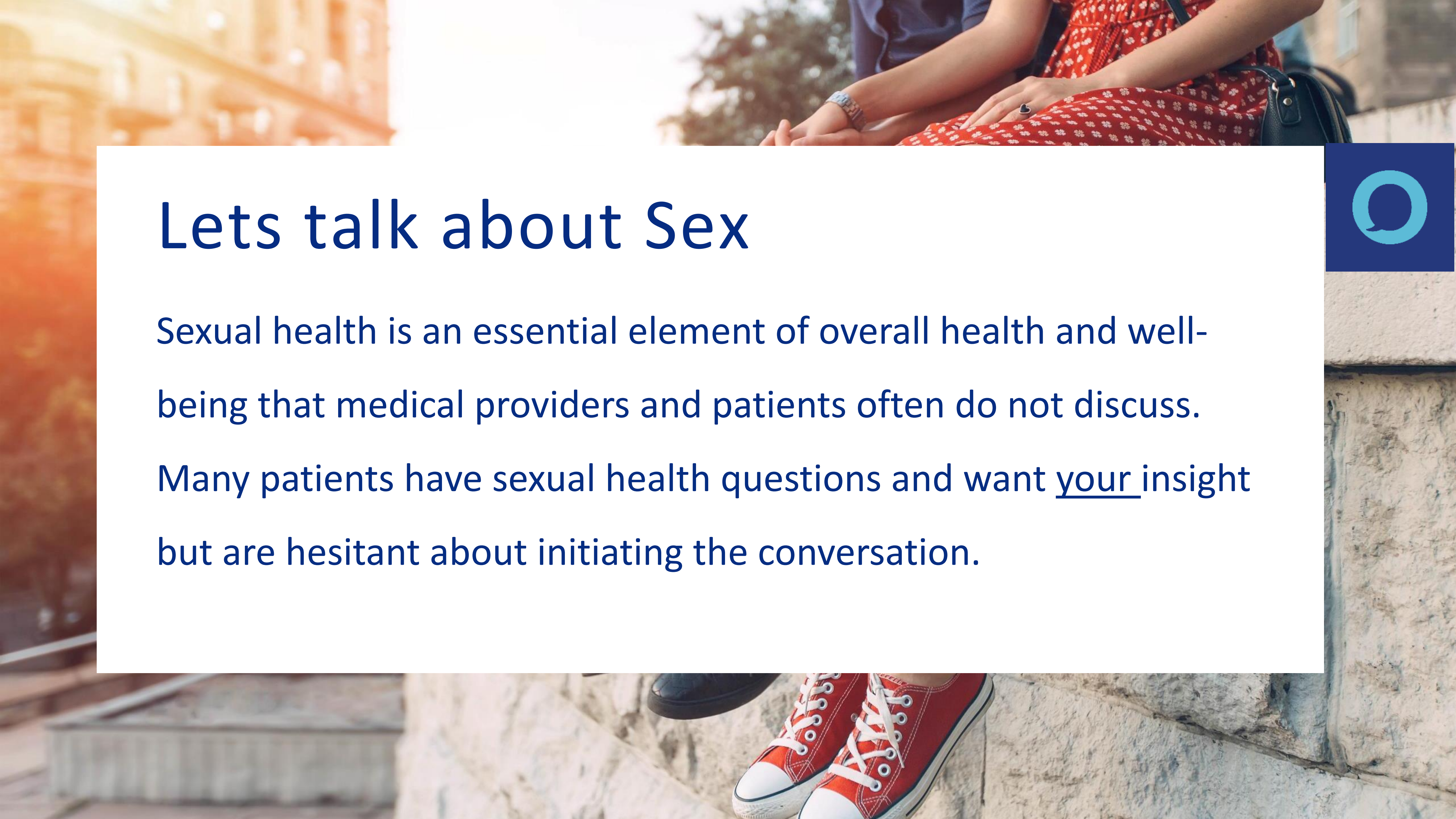


Consider...

How will you demonstrate trauma-informed / trauma-sensitive care in your clinical practice?



Unit 5: Sexual Health Clinical Encounter

A background image showing a couple sitting outdoors. The woman is wearing a red dress with a white floral pattern and a black bag. The man is wearing a blue shirt. They are sitting on a stone wall. The background is a warm, orange-toned sunset or sunrise.

Lets talk about Sex

Sexual health is an essential element of overall health and well-being that medical providers and patients often do not discuss.

Many patients have sexual health questions and want your insight but are hesitant about initiating the conversation.



Why?

- Screen for and treat STIs and address other sexual health concerns, commonly contraception.
- Counsel and share information about behaviors that may increase STI/pregnancy risk.
- Gain an overall picture of your patient's health.



Get the conversation started...

- Use the 5 Ps
 - Partners, Practices, Protection from STIs, Past History of STIs, and Pregnancy Intention.
- Avoid assumptions
- Ask EVERYONE (and let your patients know that you do)
- Pose non-judgemental questions and be willing to defer details



Use open-ended questions

- What brings you in today?
- In order for me to assess what kind of care/testing I should offer you, can you tell me what sex your sexual partners are? vs. “So, you have a girlfriend?”
- Is there anything else about you that would be helpful for me to know today?

**Keeping the client informed/transparency
and ask permission first**



Reflecting on Unit 5



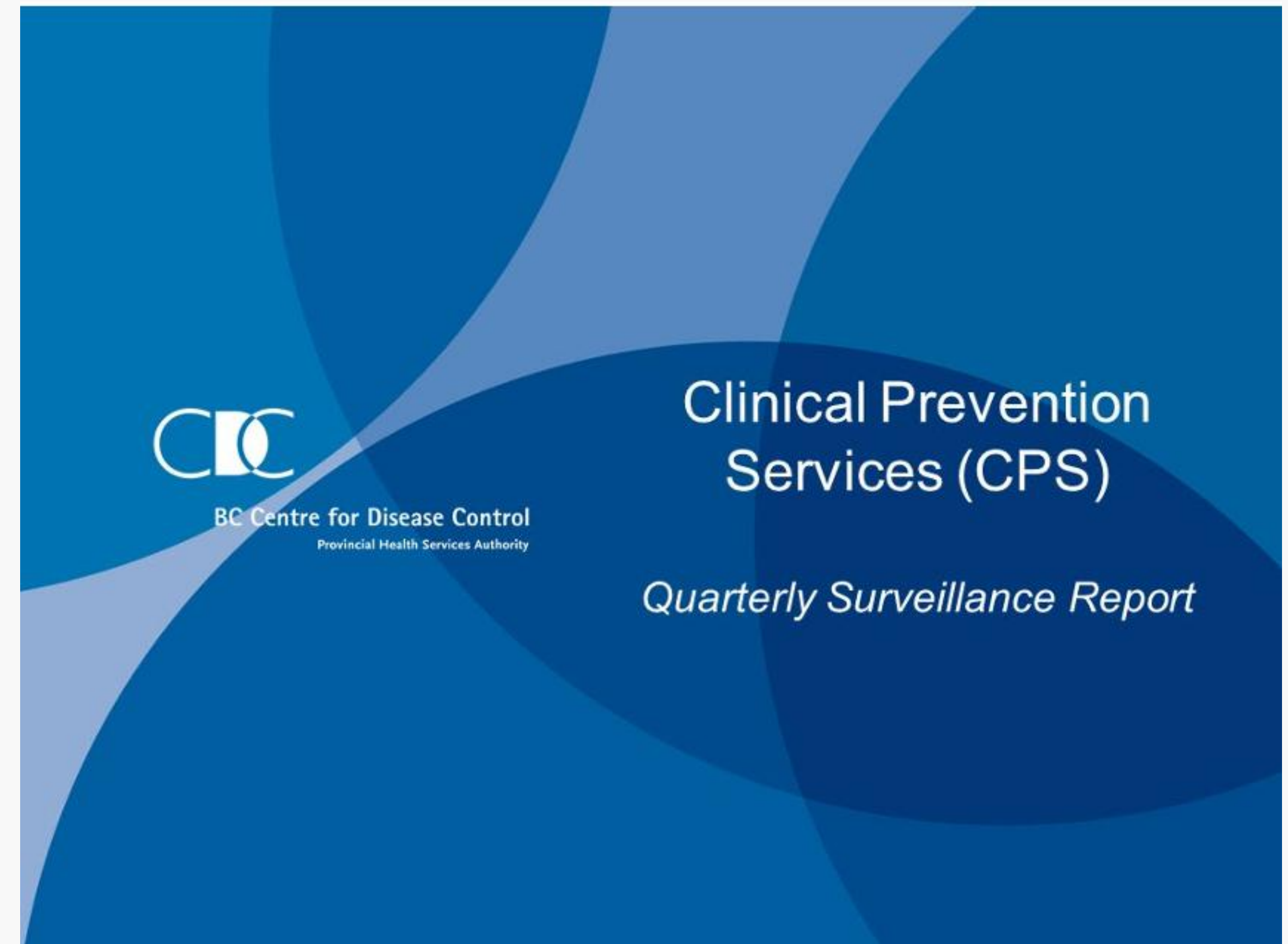
What is one tip that you learned from the material that you can share with your colleagues?



Unit 6: STI Highlights

STI Trends in BC – Clinical Prevention Services

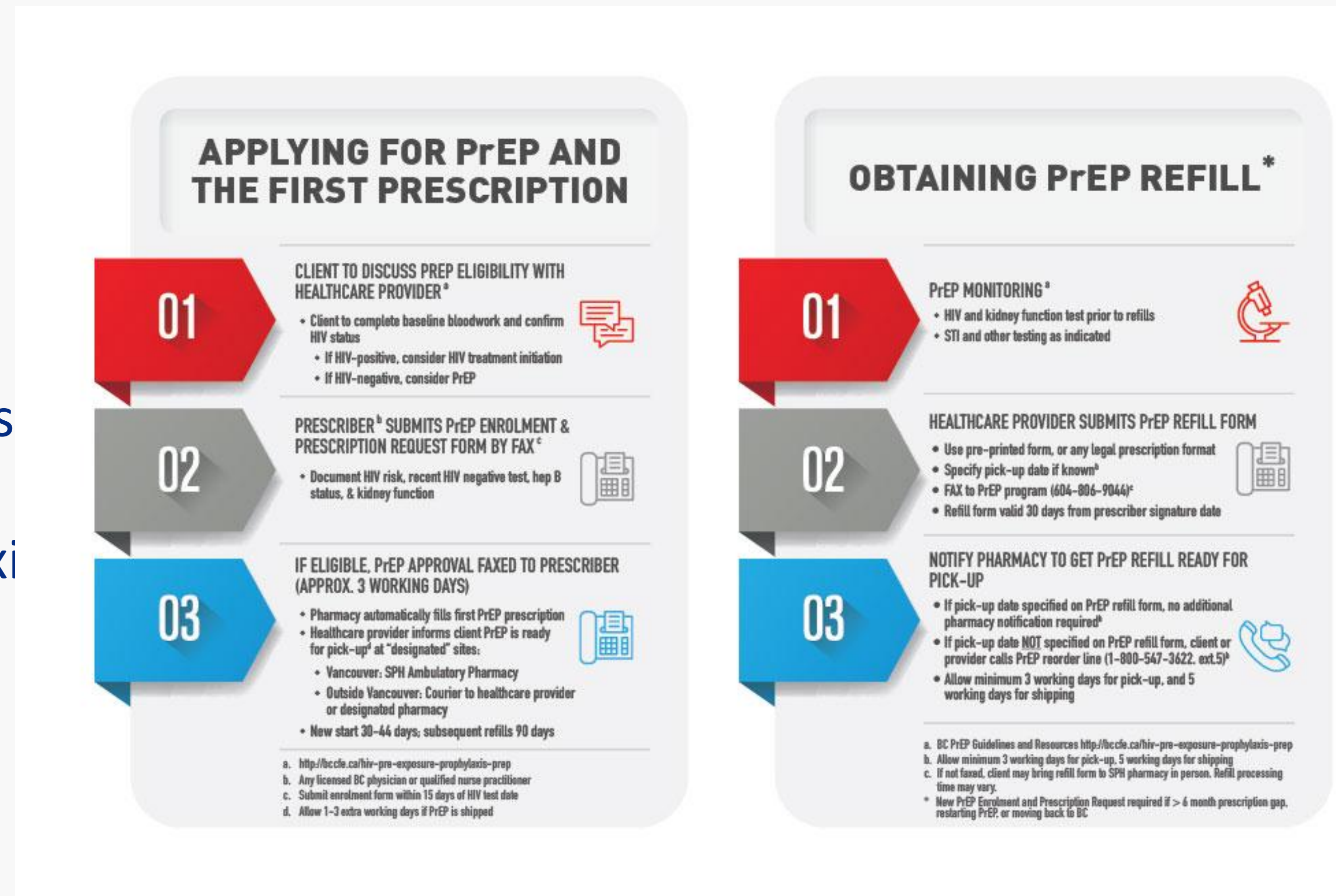
Rates of gonorrhea and chlamydia have been increasing over the past decade. Similarly, the incidence of syphilis in BC has been increasing, particularly in men who have sex with men, but also in women aged 15 to 49 years.



STI Trends in BC

But its not all bad news...

- ✓ We have better access to screening then ever before
- ✓ Medications are free and accessible including PREP
 - ✓ (Effective Jan 1, 2018, eligible British Columbians have been able to access HIV pre-exposure prophylaxis (HIV PrEP) through the BC Centre for Excellence (BCCfE) Drug Treatment Program at no cost.
- ✓ Online testing services are available



PH Follow up/Reporting & Notification

- ✓ Reportable infections (GC/CT, HIV, Syphilis) are reported to PH (check with your site) using an H208 form.
- ✓ Primary Care clinicians use a patient centered approach to partner notification
 - ✓ Patient notified partners
 - ✓ clinician notify partners anon. on patients behalf
 - ✓ PH may assist if partners are difficult to contact

Support is available via the BCCDC STI team: 604 707 5606

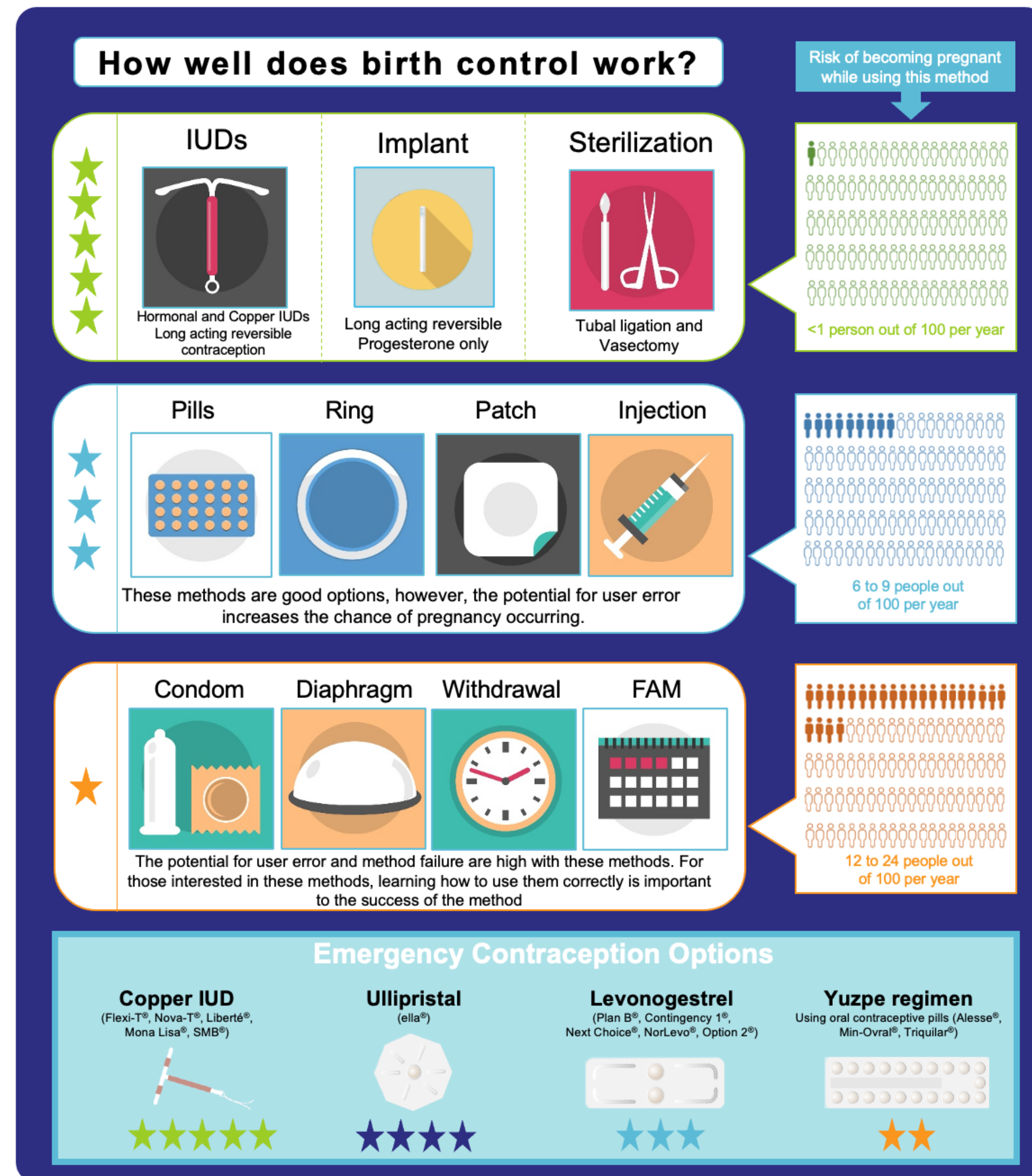


Reflecting on Unit 5

Additional Questions?

Unit 7: Contraception

Contraceptive Availability in Canada



➤ As of April 2023, most contraception is free to patients who are enrolled in the BC MSP plan (BUT there are still barriers for some patients...)

➤ Nurses & Pharmacists also can prescribe/ dispense contraception to patients



Resource: RX FILES

Combined Hormonal Contraceptives (CHCs)	Product
	Combined Oral Contraceptives
	Transdermal Patch
	EVRA ethinyl estradiol 35mcg + norelgestromin 200mcg released daily X ▼ USA: XULANE, ZAFEMY ethinyl estradiol 35mcg + norelgestromin <u>150</u> mcg released daily USA: TWIRLA LNG+EE
	Vaginal Ring
	NUVARING ✱, g=HALOETTE ethinyl estradiol 15mcg + etonogestrel 120mcg released daily USA: ANNOVERA ethinyl estradiol + segesterone reusable ring (same ring used for up to 1 year)

Progestin-Only Methods	Injection
	DEPO-PROVERA medroxyprogesterone acetate 150mg vial for inj. & pre-filled syringe USA: DEPO-SUBQ PROVERA 104 subcut inj.
	Implant
	NEXPLANON etonogestrel 68mg subdermal rod matchstick-size IUD-levonorgestrel MIRENA 52mg IUD KYLEENA 19.5mg IUD USA: SKYLA x3yr, LILETTA x8yr
	IUD-copper
	FLEXI-T X ▼ 300, 300+, 380+ LIBERTE UT380 short, UT380 X ▼ TT380 short, TT380 X ▼ MONA LISA X ▼ N, 5-mini, 5, 10

Progestin-Only Pill (POP)	
MICRONOR g= MOVISSE, JENCYCLA norethindrone 0.35mg	SLYND X ⊗ drospirenone 4mg x 24d, then 4 placebo pills

Birth Control: Combined Oral Contraceptives (estrogen + progestin)

	ORAL CONTRACEPTIVES BRAND NAME; generic g	COMPONENTS E=estrogen P=Progestin A=Androgen	HORMONAL ACTIVITY			COST \$/30d 🇨🇦
			E	P	A	
1 st Generation	BREVICON 0.5/35	Ethinyl estradiol 35 mcg Norethindrone 0.5 mg	+++	+	+	\$22
	SYNPHASIC (Biphasic)	Ethinyl estradiol 35 mcg Norethindrone 0.5 mg x12; 1mg x 9 tab	+++	++	++	\$20
	BREVICON 1/35; g= SELECT 1/35	Ethinyl estradiol 35 mcg Norethindrone 1mg	+++	+++	+++	\$22 g: \$18
	LOLO X ▼	Ethinyl estradiol 10 mcg Norethindrone 1mg	+	+++	+++	\$27 24 x EE/NE; 2 x EE only; 2 x placebo
2 nd Gen	ALESSE g= AVIANE, ALYSENA, AUDRINA	Ethinyl estradiol 20 mcg Levonorgestrel 0.1 mg	+	+	++	\$22 g: \$10
	TRIQUILAR (Triphasic)	Ethinyl estradiol 30 - 40 - 30 mcg Levonorgestrel 0.05 - 0.075 - 0.125 mg	+++	+	++	\$22 Sequence: 6-5-10 tabs
	MIN-OVRAL g= PORTIA, OVIMA	Ethinyl estradiol 30 mcg Levonorgestrel 0.15 mg	++	++	+++	\$26 g: \$13
3 rd Gen	MARVELON g= APRI, FREYA, MIRVALA	Ethinyl estradiol 30 mcg Desogestrel 0.15 mg	++	+++	+	\$25 g: \$14
	LINESSA (Triphasic)	Ethinyl estradiol 25 mcg Desogestrel: 0.1 Yellow - 0.125 Orange - 0.15 Red mg	++	+++	+	\$26 Sequence: 7-7-7 tabs
	TRI-CYCLEN (Triphasic) g= TRI-JORDYNA, TRI-CIRA TRI-CYCLEN-LO g= TRI-CIRA LO	Ethinyl estradiol 35mcg (LO: ethinyl estradiol 25mcg) Norgestimate: 0.18 White - 0.215 Light Blue - 0.25 Blue mg	+++ LO: ++	+	+	\$21 g: \$23 Sequence: 7-7-7 tabs
4 th Gen	YASMIN g= ZAMINE	Ethinyl estradiol 30mcg Drospirenone 3mg	++	++ (?)	—	\$19 g: \$12
	YAZ g= MYA YAZ PLUS X ▼	Ethinyl estradiol 20 mcg Drospirenone 3mg (PLUS-0.45mg levomefolate)	+	++ (?)	—	\$23 g: \$14 {PLUS \$19} 24 x active; 4 x placebo
	NEXTSTELLIS X ⊗	Estetrol 15mg (plant source) Drospirenone 3mg	+	++ (?)	—	\$25 24 x active; 4 x placebo
Note about drospirenone: antiandrogenic; spironolactone derivative may ↑K ⁺ esp with 3A4⊗; check K ⁺ x 1, e.g. @4weeks. • Advisory: may ↑ VTE risk slightly compared to other COCs. conflicting data Also potential DI with sotalolol → QT prolongation.						

Multiphasic pills may have lower hormone exposure per cycle, but lack evidence for less AE or advantage over monophasic.

Practice Tools: [SOGC Contraception Decision Aid](#); [Sexual and Reproductive Health \(U of A\)](#); [CPhA Contraception Tool](#)

USA only
🇺🇸
(not in Canada)

MIRCETTE, g: 20mcg EE + 0.15mg desogestrel x21 days, then placebo x 2 days, then 10mcg EE x 5 days.
NATAZIA: (four-phase) estradiol valerate 3-2-2-1 mg + dienogest 0-2-3-1 mg x26 days, then placebo x 2 days.
BEYAZ, g: EE + drospirenone + levomefolate x24 days, then placebo x 4 days.
LOESTRIN FE, g: 10mcg EE + 1mg norethindrone x24 days, then 10mcg EE x2 days, then 75mg ferrous fumarate x2 days.
LoSEASONIQUE, g: 20mcg EE + 0.1mg levonorgestrel x 84 days, then 10mcg EE x 7 days.
Opill norgestrel 0.075mg tablet at the same time every day (OTC).

Contraception remains a key tool to reproductive health

In Canada, model-based estimates for 2015–2019 indicated that there were approximately 570,000 pregnancies annually, of which 265,000 were unintended and 97,500 ended in abortion.

The latest national abortion data, from the Canadian Institute for Health Information (CIHI), report **102,705 induced abortions in 2024**, compared with **101,553 in 2023**.

Contraceptive Counselling

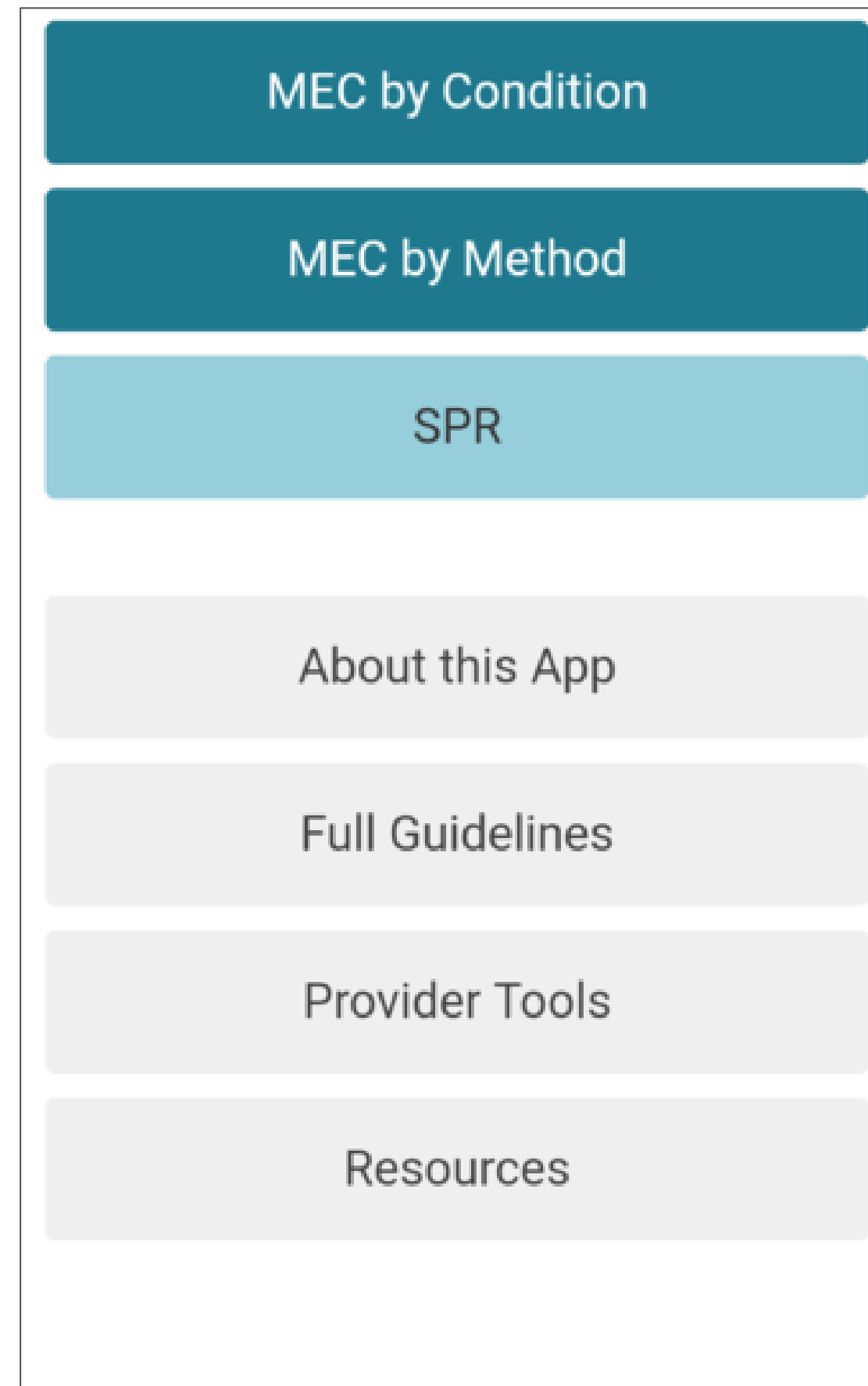
Incorporates:

- ✓ shared decision making
- ✓ patient centred

Use the PATH framework

1. **Pregnancy Attitudes** – Do you think you might like to have (more) children at some point?
2. **Timing** – If the patient is considering future parenthood: When do you think that might be?
3. **How important is prevention** – How important is it to you to prevent pregnancy (until then)?

US CDC/WHO MEC (medical eligibility criteria)



This is a useful tool when deciding if a medical condition precludes the use of certain contraceptive methods. The app can be downloaded

<https://www.cdc.gov/reproductivehealth/contraception/contraception-app.html>

1 = No Contraindication

2 = Benefit generally > Risk

3 = Risk generally > Benefit

4 = Contraindicated





Reflecting on Unit 7

Do you have any questions about
contraceptives available in Canada?
Demonstrate how to use the Rx Files.

Thank you!
npasquino@optbc.org
eherrington@optbc.org



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